

# The Charles Thide Foundation Grant Request Form

## BOARD REVIEW

Date Received:

Date Approved:

Notes:

Please note that we need **COMPLETE** and **CLEAR** information on this form in order to process your grant request. **PLEASE PRINT!**

To request a grant from the foundation:

- 1) Please complete this form **in its entirety** and **MAIL** to the foundation at the address listed below.
- 2) **Please note that the signature of the Patient (or Guardian if the patient is a minor) must be NOTARIZED.**
- 3) Please have your **oncologist** submit documentation of your illness which should be attached to this form. This should be a short note detailing your **cancer diagnosis**, condition, treatment, etc. **The note should be signed by the doctor, dated, and printed on the doctor's letterhead. DO NOT SEND LAB OR TEST RESULTS.**

Date: \_\_\_\_\_

### **I. Patient Information**

Name of patient:

Age of patient:

Home Address of patient:

### **NOTARIZED PATIENT SIGNATURE**

Signature:

Date:

Notary Information:

### **II. Cancer Information**

Type of cancer:

Name of oncologist:

Address of oncologist:

### **III. Payment Information**

Who the check should be made to:

(We usually make to the patient unless it is a minor or there are other circumstances.)

### **IV. Grant Requestor's Information**

We need complete information on who is requesting the grant and the **name** of the person who told you about the foundation. **We cannot process your application without this information.**

Grant requestor's name:

Grant requestor's phone number and email:

Please tell us how you heard about the foundation (Give name of the person who referred you):

### **V. Prior Grant Receipt Information**

Have you or anyone in your family previously received a grant from the foundation?

If yes, provide complete information including the name and address of the grant recipient and date of the grant.

**MAIL** this **notarized form** and the **oncologist's documentation of a cancer diagnosis** to:

The Charles Thide Foundation

PO Box 122

Mt. Sinai, NY 11766

631-474-0636

**We cannot accept requests submitted by email.**